

For office use only:

- ☐ \$25 Processing Fee Paid
☐ \$_____ License Fee Paid

FORM CG-1
Rev. 2/02

Commonwealth of Kentucky
Public Protection & Regulation Cabinet
Department of Charitable Gaming

Application for License for CHARITABLE ORGANIZATION to Conduct Charitable Gaming in the Commonwealth of Kentucky

- 1a. TYPE OF LICENSE SOUGHT: NEW
RENEWAL - LICENSE NUMBER: ORG- _____
- 1b. IF NEW APPLICANT, HAS YOUR ORGANIZATION EVER BEEN ISSUED A GAMING LICENSE OR EXEMPTION BY THE DEPARTMENT OF CHARITABLE GAMING?
YES or NO
- IF "YES", WHAT WAS THE LICENSE OR EXEMPTION NUMBER? _____
2. NAME OF APPLICANT (CHARITABLE ORGANIZATION):

3. APPLICANT'S MAILING ADDRESS:

COUNTY: _____
TELEPHONE: (_____) _____
- STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS **OR** IF POST OFFICE BOX IS LISTED ABOVE):

- 4a. TYPE OF CHARITABLE GAMES TO BE CONDUCTED: BINGO
RAFFLE(S)
CHARITY GAME TICKETS (PULLTABS)
NON-CASH PRIZE WHEEL GAMES (*PRIZE VALUE DOES NOT EXCEED \$100*)
SPECIAL EVENTS (*GAMING ACTIVITY REQUIRING A SPECIAL LICENSE*)
- 4b. EXPECTED FREQUENCY (WEEKLY, MONTHLY, ANNUALLY) CHARITABLE GAMES TO BE CONDUCTED:
BI-WEEKLY WEEKLY MONTHLY SEMI-ANNUALLY ANNUALLY
OTHER: _____

- 4c. IF BINGO IS CONDUCTED, DAY(S) OF WEEK AND TIME(S) GAMING ACTIVITIES BEGIN (*TIME FIRST BALL IS CALLED*): THIS INFORMATION WILL BE STATED ON CHARITABLE GAMING LICENSE.

	<u>DAY OF WEEK</u>	<u>BEGINNING TIME</u>
SESSION 1:	_____	_____ am pm

NOTE: BINGO CAN ONLY BE CONDUCTED TWICE PER WEEK WITH A LIMIT OF FIVE (5) HOURS PER SESSION. KRS 238.545(1). ADDITIONALLY, YOUR LICENSE WILL REFLECT A TOTAL OF A 5 HOUR SESSION FROM THE TIME STATED AS YOUR BEGINNING TIME UNLESS YOU NOTIFY THE DEPARTMENT IN WRITING OF A DIFFERENT ENDING TIME.

- 4d. STREET ADDRESS OF LOCATION AT WHICH CHARITABLE GAMING WILL BE CONDUCTED (INCLUDE COMMONLY USED NAME OF BUILDING):

Name of Building: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____

- 4e.

	<u>DAY OF WEEK</u>	<u>BEGINNING TIME</u>
SESSION 2:	_____	_____ am pm

- 4f. STREET ADDRESS OF LOCATION AT WHICH CHARITABLE GAMING WILL BE CONDUCTED IF DIFFERENT FROM THAT LISTED IN 4d above.

Same as 4d.

Name of Building: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____

5. **IF NEW APPLICANT, WHAT ARE THE PROJECTED ANNUAL GROSS RECEIPTS FROM THE GAMING ACTIVITIES?**

\$ _____

- 6a. DO YOU OWN THE PREMISES (PROPERTY LISTED IN QUESTION 4D AND 4F) WHERE CHARITABLE GAMING IS TO BE CONDUCTED?

YES or NO

- 6b. IF THE APPLICANT DOES NOT OWN THE PROPERTY(S) DESCRIBED IN QUESTION(S) 4D OR 4F ABOVE, A COPY(S) OF A SIGNED LEASE AGREEMENT(S) OR STATEMENT(S) OF OTHER UNDERSTANDING **MUST** BE ATTACHED.

7. DISTRIBUTOR(S) APPLICANT WILL USE FOR CHARITABLE GAMING EQUIPMENT OR SUPPLIES:

NAME: _____	NAME: _____
KY. LICENSE NUMBER: DIS- _____	KY. LICENSE NUMBER: DIS- _____
ADDRESS: _____	ADDRESS: _____
_____	_____
_____	_____
.....	
NAME: _____	NAME: _____
KY. LICENSE NUMBER: DIS- _____	KY. LICENSE NUMBER: DIS- _____
ADDRESS: _____	ADDRESS: _____
_____	_____
_____	_____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

- 8a. APPLICANT'S FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: _____

8b. HAS THE APPLICANT BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE?

YES or NO

IF **“YES”**, ATTACH EVIDENCE (LETTER OR OTHER LEGAL DOCUMENT) OF THE APPLICANT’S TAX-EXEMPT STATUS GRANTED BY THE INTERNAL REVENUE SERVICE. NO LICENSE WILL BE ISSUED UNLESS APPLICANT POSSESSES TAX-EXEMPT STATUS UNDER 26 U.S.C. SECTIONS 501(c)(3), 501(c)(4), 501(c)(8), 501(c)(10) OR 501(c)(19), OR IS COVERED UNDER A GROUP RULING ISSUED BY THE INTERNAL REVENUE SERVICE UNDER AUTHORITY OF THOSE SECTIONS.

IF **“NO”**, IS APPLICANT ORGANIZED WITHIN THE COMMONWEALTH OF KENTUCKY AS A COMMON SCHOOL AS DEFINED IN KRS 158.030(1), AS AN INSTITUTION OF HIGHER EDUCATION AS DEFINED IN KRS 164A.305, OR AS A STATE COLLEGE OR UNIVERSITY AS PROVIDED FOR IN KRS 164.290?

YES or NO

8c. IF ORGANIZATION IS COVERED UNDER A GROUP RULING ISSUED BY THE I.R.S., ATTACH A LETTER OR STATEMENT FROM THE PARENT ORGANIZATION STATING YOUR CHAPTER IS IN “GOOD STANDING” AND IS COVERED BY THE GROUP RULING.

9a. **COUNTY** WHERE CHARITABLE GAMING IS TO BE CONDUCTED: _____

9b. THE DATE THE APPLICANT ORGANIZATION WAS ESTABLISHED IN THE COUNTY WHERE CHARITABLE GAMING IS TO BE CONDUCTED:

Month _____ Year _____

9c. THE DATE THE APPLICANT ORGANIZATION WAS ESTABLISHED IN THE **COMMONWEALTH OF KENTUCKY**.

Month _____ Year _____

9d. STREET ADDRESS WHERE OFFICE IS LOCATED: _____

IF THE APPLICANT IS ORGANIZED IN THE COMMONWEALTH OF KENTUCKY AS A COMMON SCHOOL AS DEFINED IN KRS 158.030(1), AS AN INSTITUTION OF HIGHER EDUCATION AS DEFINED IN KRS 164A.305, OR AS A STATE COLLEGE OR UNIVERSITY AS PROVIDED FOR IN KRS 164.290, **GO TO QUESTION #13.**

10. STATEMENT OF THE CHARITABLE PURPOSE(S) FOR WHICH THE APPLICANT WAS ORGANIZED (IF THE APPLICANT IS INCORPORATED, A COMPLETE COPY OF THE APPLICANT’S ARTICLES OF INCORPORATION MAY BE ATTACHED IN PLACE OF THE STATEMENT):

☐ Articles of Incorporation Attached
(Complete Copy)

☐ No Changes to Articles of Incorporation Previously Submitted and Currently
on File in the DCG

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

11. STATEMENT DESCRIBING THE ORGANIZATIONAL STRUCTURE AND MANAGEMENT OF THE APPLICANT (IF THE APPLICANT IS INCORPORATED, A COPY OF THE APPLICANT’S CURRENT BYLAWS MAY BE ATTACHED IN PLACE OF THE STATEMENT):

☐ Bylaws Attached

☐ No Changes to Bylaws Previously Submitted and Currently On File with the DCG

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

12. PROVIDE A DETAILED ACCOUNTING OF THE CHARITABLE ACTIVITIES IN WHICH THE APPLICANT HAS BEEN ENGAGED FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION. **YOUR ANSWER SHOULD PROVIDE SPECIFIC DOLLAR AMOUNTS AND A DESCRIPTION OF EACH CHARITABLE PROJECT, ENDEAVOR, OR CAUSE FUNDED AND SPONSORED BY YOUR ORGANIZATION DURING THE LAST THREE YEARS.**

NOTE: IF YOUR ORGANIZATION IS APPLYING FOR A RENEWAL APPLICATION, PROVIDE INFORMATION FOR THE PREVIOUS ONE YEAR. YOUR INFORMATION SHOULD INCLUDE EXPENDITURES OF GAMING NET RECEIPTS FOR ITS DEFINED PURPOSES AS STATED IN THE BYLAWS.

Description of Charitable Work or Endeavor Funded by Your Organization	Year _____	Year _____	Year _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

- 12b. PLEASE GIVE A BRIEF SUMMARY OF THE REASONABLE PROGRESS YOUR ORGANIZATION HAS MADE DURING THE THREE (3) YEARS PRIOR TO LICENSURE IN ACCOMPLISHING ITS CHARITABLE GOALS. IF RENEWAL APPLICATION, PROVIDE INFORMATION FOR THE PREVIOUS ONE (1) YEAR. *(Your response should summarize the charitable works of your organization, including the activities that **did not** require the expenditure of funds.) Your response should reflect number(s) of recipients receiving assistance, type of assistance, number(s) of members of organizations, etc.*

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

- 13a. HAS THE APPLICANT **MAINTAINED** AN OFFICE OR PLACE OF BUSINESS, OTHER THAN FOR THE CONDUCT OF CHARITABLE GAMING, FOR A MINIMUM OF ONE (1) YEAR IN THE COUNTY IN WHICH THE CHARITABLE GAMING IS TO BE CONDUCTED? **NOTE: IN THE CASE OF A RAFFLE, CHARITABLE GAMING IS “CONDUCTED” IN THE COUNTY IN WHICH THE RAFFLE DRAWING IS HELD.** HOWEVER, WITH PRIOR WRITTEN APPROVAL FROM THE DEPARTMENT, A RAFFLE DRAWING MAY BE HELD IN A KENTUCKY COUNTY OTHER THAN THE COUNTY IN WHICH THE ORGANIZATION’S OFFICE OR PLACE OF BUSINESS IS LOCATED. SEE KRS 238.535 (8)(D).

YES or NO

- 13b. DOES THE APPLICANT MAINTAIN AN OFFICE OR PLACE OF BUSINESS IN ANOTHER COUNTY?

YES or NO

IF YES, WHAT COUNTY? _____

STREET ADDRESS AND PHONE NUMBER: _____

- 13c. WHAT TYPE OF BUSINESS IS OPERATED FROM THIS LOCATION? _____
-

14. DOES THE APPLICANT SHARE OFFICE SPACE WITH ANY OTHER ENTITY LICENSED BY THE DEPARTMENT OF CHARITABLE GAMING?

YES or NO

IF YES, PLEASE LIST ALL LICENSED ENTITIES AND THE TYPE OF LICENSE HELD (*Organization, Distributor, Manufacturer, or Facility*):

Name of Entity	Type of License & License Number
_____	_____
_____	_____

Please refer to KRS 238.530(10) for restrictions on all officers, employees, members, volunteers, and the immediate family and/or affiliates of each, relating to a licensed charitable organization's gaming activities while answering 15a & 15b.

- 15a. THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF APPLICANT. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE CRIMINAL HISTORY BACKGROUND CHECK AND MAY BE SUBJECT TO A NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, WHICH REQUIRES FINGERPRINTING. IF FINGERPRINTING IS REQUIRED, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES.**

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
CHIEF EXECUTIVE OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
CHIEF FINANCIAL OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

- 15b. THE FOLLOWING INFORMATION IS REQUIRED FOR **ALL** OTHER OFFICERS OF THE APPLICANT **NOT LISTED** IN QUESTION #15a ABOVE:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULLNAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULLNAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

16. THE FOLLOWING INFORMATION IS REQUIRED FOR **DESIGNATED CHAIRPERSONS** WHO WILL BE INVOLVED IN THE MANAGEMENT AND SUPERVISION OF THE CHARITABLE GAMING. AT LEAST TWO (2) EMPLOYEES OR MEMBERS OF THE APPLICANT WHO ARE INVOLVED IN THE MANAGEMENT AND SUPERVISION OF CHARITABLE GAMING, ALONG WITH THE CHIEF EXECUTIVE OFFICER OF THE APPLICANT, SHALL BE DESIGNATED AS "CHAIRPERSONS". THESE CHAIRPERSONS SHALL BE SUBJECT TO A STATE CRIMINAL HISTORY BACKGROUND CHECK AND MAY BE SUBJECT TO A NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, WHICH REQUIRES FINGERPRINTING. IF FINGERPRINTING IS REQUIRED, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES.

AT LEAST ONE OF THE CHAIRPERSONS DESIGNATED BELOW OR THE CHIEF EXECUTIVE OFFICER SHALL BE PRESENT AT EACH CHARITABLE GAMING ACTIVITY. NO PERSON SHALL SERVE AS A CHAIRPERSON FOR MORE THAN ONE (1) CHARITABLE ORGANIZATION. *NOTE: DO NOT LIST EVERY VOLUNTEER.*

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

FULL NAME: _____
HOME STREET ADDRESS: _____

DAYTIME TELEPHONE: (_____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
EMPLOYEE or MEMBER

IF EMPLOYEE, PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND REGULAR JOB DUTIES:

17. HAS THE APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS #15a OR #16 ABOVE BEEN CONVICTED OF A CRIME IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES? (FAILURE TO DISCLOSE INFORMATION MAY RESULT IN ADMINISTRATIVE ACTION AGAINST YOUR ORGANIZATION ONCE IT HAS BEEN LICENSED.)

YES or NO

Information has not changed from previously reported conviction(s).

IF "YES", DESCRIBE IN DETAIL: _____

18. IS THE APPLICANT LICENSED OR PERMITTED TO CONDUCT CHARITABLE GAMING IN ANY OTHER STATES OR TERRITORIES?

YES or NO

IF "YES", FOR EACH SUCH STATE/TERRITORY, SPECIFY THE DATE OF LICENSURE, THE LICENSE OR PERMIT NUMBER (IF APPLICABLE), AND THE TYPE OF LICENSE ISSUED:

STATE/TERRITORY: _____

DATE OF LICENSURE: _____

LICENSE OR PERMIT NUMBER: _____

TYPE OF LICENSE ISSUED: _____

STATE/TERRITORY: _____

DATE OF LICENSURE: _____

LICENSE OR PERMIT NUMBER: _____

TYPE OF LICENSE ISSUED: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

19. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY OTHER REGULATORY AUTHORITIES IN THE COMMONWEALTH OF KENTUCKY?

YES or NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES: _____

20. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY REGULATORY AUTHORITIES IN ANY OTHER STATES OR TERRITORIES?

YES or NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES: _____

21. HAS THE APPLICANT EVER BEEN DENIED A LICENSE OR PERMIT TO CONDUCT CHARITABLE GAMING?

YES or NO

IF "YES", STATE WHEN, BY WHAT REGULATORY AUTHORITY AND ON WHAT GROUNDS:

- 22a. ARE YOU REQUIRED TO FILE A FORM 990 WITH THE INTERNAL REVENUE SERVICE?

YES or NO

- 22b. IF "YES" TO QUESTION #22a, DATE APPLICANT FILED MOST RECENT APPLICABLE FORM 990 WITH THE INTERNAL

ATTACH A COPY OF THE MOST RECENT APPLICABLE FORM 990 FILED BY THE APPLICANT WITH THE INTERNAL REVENUE SERVICE.

23. PURSUANT TO KRS 238.535(9)(k), PLEASE SIGN THE ATTACHED AGREEMENT (ATTACHMENT CG-1A) STATING THE APPLICANT'S RECORDS MAY BE RELEASED BY THE INTERNAL REVENUE SERVICE TO THE DEPARTMENT OF CHARITABLE GAMING.

PURSUANT TO KRS 238.525(6), THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING, IN WRITING, OF ANY CHANGE IN THE INFORMATION PROVIDED IN RESPONSE TO QUESTIONS 1-23 WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.

CERTIFICATION OF THIS APPLICATION MUST BE ATTESTED BY THE SIGNATURE OF AN OFFICER LISTED IN RESPONSE TO QUESTIONS #15a OR #15b OF THIS APPLICATION.

CERTIFICATION

I CERTIFY, UNDER PENALTY OF PERJURY, THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO MAKE APPLICATION FOR LICENSURE AND THAT I HAVE EXAMINED THIS APPLICATION FOR LICENSURE, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

MAIL COMPLETED APPLICATION (INCLUDING ALL REQUIRED SCHEDULES AND ATTACHMENTS), TOGETHER WITH THE \$25.00 PROCESSING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER" TO:

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION & REGULATION CABINET
DEPARTMENT OF CHARITABLE GAMING
DIVISION OF LICENSING & COMPLIANCE
132 BRIGHTON PARK BOULEVARD
FRANKFORT, KY 40601-3714**

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CALL THE LICENSING BRANCH AT (502) 573-5528 OR TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT:
<http://dcg.state.ky.us>

CHECKLIST:

ENCLOSED EVIDENCE OF TAX-EXEMPT STATUS (LETTER FROM IRS), IF APPLICABLE

PROVIDED FULL NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER FOR ALL INDIVIDUALS LISTED IN RESPONSE TO QUESTIONS 15a, 15b, AND 16.

ENCLOSED COPY OF FORM 990, IF APPLICABLE

ATTACHMENT CG-1A SIGNED BY OFFICER OF APPLICANT (INDIVIDUAL LISTED IN RESPONSE TO QUESTIONS 15a OR 15b)
THIS FORM MUST BE COMPLETED AND SIGNED.

ATTACHED COPY OF SIGNED, ITEMIZED LEASE AGREEMENT OR STATEMENT OF OTHER UNDERSTANDING, IF APPLICABLE

APPLICATION SIGNED BY OFFICER (INDIVIDUAL LISTED IN RESPONSE TO QUESTIONS 15a OR 15b)

ENCLOSED \$25 PROCESSING FEE

REVIEWED RESTRICTIONS FOR ALL IMMEDIATE FAMILY MEMBERS AND AFFILIATES OF INDIVIDUALS LISTED IN RESPONSE TO QUESTIONS 15, 15a, AND 16, AND UNDERSTAND FAILURE TO COMPLY MAY RESULT IN ADMINISTRATIVE ACTION BY THE DCG.

ENCLOSE STATEMENT OF "GOOD STANDING AND IS COVERED BY THE GROUP RULING" WITH PARENT ORGANIZATION

TAX INFORMATION AUTHORIZATION
(Please Type or Print)**TAXPAYER INFORMATION:****Taxpayer Name:** _____*(Charitable Organization)***Address:** _____
_____**Employer Identification Number:** _____**Taxpayer Telephone Number:** _____**Type of License Applied For:** License to Conduct Charitable Gaming in the Commonwealth of Kentucky**Tax Period (Year):** _____ **TAX YEAR** _____

This **Tax Information Authorization** allows the Internal Revenue Service to disclose federal tax information, as necessary, with respect to all gaming/gambling activities conducted by the organization for the period(s) indicated above to the Kentucky State Police and the Public Protection & Regulation Cabinet, Department of Charitable Gaming. The communications authorized include both written as well as oral representations by and between these agencies. These communications include but are not limited to tax or information matters relating to the filing of Forms 990, 990-T, 940, 941, 945, 1120, 730, and 11-C for the above tax period.

If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

Signature of Chief Executive Officer_____
Signature of Chief Financial Officer_____
Printed Officer's Name_____
Printed Officer's Name_____
Title_____
Title_____
Telephone Number_____
Telephone Number_____
Date_____
Date

This authorization is provided with the understanding the federal tax information will be used only for the intended purposes by officers and employees of the agency with an official need for the information in the performance of their official duties. This authorization remains valid unless revoked by the taxpayer by the mailing of a copy of this authorization to the address indicated below. Notice of any revocation of this authorization will be forwarded to the indicated agencies described above.

INTERNAL REVENUE SERVICE
P. O. BOX 13163, ROOM 624
BALTIMORE, MARYLAND 21203
Ph: (410) 962-3063 Fax: (410) 962-0132